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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

|      |                                |                     |                          |                                     |               |                               |                      |           | Office         | Jse Only          |                                             |
|------|--------------------------------|---------------------|--------------------------|-------------------------------------|---------------|-------------------------------|----------------------|-----------|----------------|-------------------|---------------------------------------------|
| 1.   | NAME OF<br>COMMITTEE (in       |                     | PE OR PR                 | RINT ▼                              |               | mple: If typi<br>r the lines. | ng, type             | 12FE      | E4M5           |                   |                                             |
| , M  | ASS PAC                        |                     |                          |                                     |               |                               |                      |           |                |                   | 1                                           |
|      |                                |                     |                          |                                     |               |                               |                      |           |                |                   |                                             |
| Ш    |                                |                     |                          |                                     |               |                               |                      |           |                |                   |                                             |
| ADI  | DRESS (number and              |                     | O BOX 44                 | 10324                               |               |                               |                      |           |                |                   |                                             |
| _    | Check if diffe                 | erent               |                          |                                     |               |                               |                      |           |                |                   |                                             |
| L    | than previous reported. (AC    |                     | SOMERVII                 | LLE                                 |               |                               |                      | MA        | 0214           | 14                |                                             |
| 2.   | FEC IDENTIFIC                  | ATION NUME          | ER ▼                     | CIT                                 | Y 🛦           |                               |                      | STATE A   |                | ZIP CO            | DE 🛦                                        |
|      | C C0041729                     | 5                   |                          |                                     | THIS<br>EPORT |                               | NEW<br>(N) <b>OR</b> |           | AMENDED<br>(A) | )                 |                                             |
| 4.   | TYPE OF REP<br>(Choose One)    | PORT                | (b) Month<br>Repor       | t L                                 | 20 (M2)       |                               | May 20 (M5)          |           | Aug 20 (M8)    |                   | Nov 20 (M11)<br>(Non-Election<br>Year Only) |
|      | (a) Quarterly Rep              | oorts:              | Due C                    | Mar Mar                             | 20 (M3)       |                               | Jun 20 (M6)          |           | Sep 20 (M9)    |                   | Dec 20 (M12)<br>(Non-Election<br>Year Only) |
|      | April 15                       |                     |                          | Apr                                 | 20 (M4)       |                               | Jul 20 (M7)          |           | Oct 20 (M10    | )                 | Jan 31 (YE)                                 |
|      | Quarterly                      | Report (Q1)         | (c) 1                    | 2-Day                               | П             | Primary (12F                  | P)                   | Ger       | neral (12G)    | П                 | Runoff (12R)                                |
|      | July 15<br>Quarterly           | Report (Q2)         |                          | PRE-Election<br>Report for the:     | П             | Convention                    | (12C)                | Spe       | ecial (12S)    |                   |                                             |
|      | Cotober Quarterly              | 15<br>/ Report (Q3) |                          |                                     |               |                               | (.=0)                | J Opt     | 70.0. (120)    |                   |                                             |
|      | January                        |                     |                          | Election                            | n on          | M = M /                       | D   D /              | YIYI      | Y              | in the<br>State o | f                                           |
|      | July 31<br>Report (<br>Year On | Non-election        | F                        | O-Day POST-Election Report for the: |               | General (300                  | G)                   | Rur       | noff (30R)     |                   | Special (30S)                               |
|      | Terminat<br>(TER)              | ion Report          | '                        | Election                            | n on          | M = M /                       | D D /                | Y II Y II | Y              | in the<br>State o | f ,                                         |
| 5.   | Covering Period                | M = M 07            | 01                       | 2016                                | Y             | through                       | M M M                | 30        |                | 016               |                                             |
|      | rtify that I have ex           | ľ                   | eport and<br>Mount, Bria |                                     | my kno        | wledge and                    | belief it is tr      | ue, corre | ct and compl   | ete.              |                                             |
| Тур  | e or Print Name o              | T Ireasurer _       |                          |                                     |               |                               |                      |           |                |                   |                                             |
| Sigr | nature of Treasure             | Mount, Br           | ian, M, ,                |                                     |               | [Electronicall                | y Filed] [           | Date      | M M / D        | 1 /               | 2016                                        |
| NOT  | ΓE: Submission of f            | alse, erroneous     | , or incom               | nplete information                  | may su        | bject the per                 | son signing t        | his Repor | t to the penal | ties of 52        | U.S.C. § 30109                              |
|      | Office                         |                     |                          |                                     |               |                               |                      |           | FE             | C FOR             | M 3X                                        |
|      | Use                            |                     |                          |                                     |               |                               |                      |           |                | Rev. 05/2         | 016                                         |

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name MASS PAC 07 01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 39047.21 January 1, 2016 (b) Cash on Hand at 39899.19 Beginning of Reporting Period..... 37000.00 43000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 82047.21 76899.19 6(a) and 6(c) for Column B)..... 11905.17 17053.19 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 64994.02 64994.02 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

| <b>Vrite</b> | or | Type | Committee | Name |
|--------------|----|------|-----------|------|
|--------------|----|------|-----------|------|

| N/  | ΙΔ | SS     | D | Δ | $\sim$ |
|-----|----|--------|---|---|--------|
| IVI | _  | $\sim$ |   | ~ | v      |

| Report Covering the Period: From: 07 01 2016 To: 09 30 2016          |                               |                                   |  |  |  |  |  |
|----------------------------------------------------------------------|-------------------------------|-----------------------------------|--|--|--|--|--|
| I. Receipts                                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |  |  |  |
| Contributions (other than loans) From:                               |                               |                                   |  |  |  |  |  |
| (a) Individuals/Persons Other                                        |                               |                                   |  |  |  |  |  |
| Than Political Committees                                            | 0.00                          | 0.00                              |  |  |  |  |  |
| (i) Itemized (use Schedule A)                                        | 4                             | 0.00                              |  |  |  |  |  |
| (ii) Unitemized                                                      | 0.00                          | 0.00                              |  |  |  |  |  |
| (iii) TOTAL (add                                                     |                               |                                   |  |  |  |  |  |
| Lines 11(a)(i) and (ii)▶                                             | 0.00                          | 0.00                              |  |  |  |  |  |
| _                                                                    |                               |                                   |  |  |  |  |  |
| (b) Political Party Committees                                       | 0.00                          | 0.00                              |  |  |  |  |  |
| (c) Other Political Committees                                       | 37000.00                      | 43000.00                          |  |  |  |  |  |
| (such as PACs)                                                       | 37000.00                      | 43000.00                          |  |  |  |  |  |
| (d) Total Contributions (add Lines                                   |                               |                                   |  |  |  |  |  |
| 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶         | 37000.00                      | 43000.00                          |  |  |  |  |  |
| Transfers From Affiliated/Other                                      | 42 42                         | 4 4                               |  |  |  |  |  |
| Party Committees                                                     | 0.00                          | 0.00                              |  |  |  |  |  |
|                                                                      | 4 4 4                         | 4 4 4                             |  |  |  |  |  |
| All Loans Received                                                   | 0.00                          | 0.00                              |  |  |  |  |  |
| _                                                                    |                               |                                   |  |  |  |  |  |
| Loan Repayments Received                                             | 0.00                          | 0.00                              |  |  |  |  |  |
| . Offsets To Operating Expenditures                                  | 4 4                           | 4 4                               |  |  |  |  |  |
| (Refunds, Rebates, etc.)                                             |                               |                                   |  |  |  |  |  |
| (Carry Totals to Line 37, page 5)                                    | 0.00                          | 0.00                              |  |  |  |  |  |
| Refunds of Contributions Made                                        |                               |                                   |  |  |  |  |  |
| to Federal Candidates and Other                                      | 0.00                          | 0.00                              |  |  |  |  |  |
| Political Committees  Other Federal Receipts                         | 0.00                          | 0.00                              |  |  |  |  |  |
| (Dividends, Interest, etc.)                                          | 0.00                          | 0.00                              |  |  |  |  |  |
| Transfers from Non-Federal and Levin Funds                           | 0.00                          | 0.00                              |  |  |  |  |  |
| (a) Non-Federal Account                                              |                               |                                   |  |  |  |  |  |
| (from Schedule H3)                                                   | 0.00                          | 0.00                              |  |  |  |  |  |
| =                                                                    | 7 7 7                         | 4 4                               |  |  |  |  |  |
| (b) Levin Funds (from Schedule H5)                                   | 0.00                          | 0.00                              |  |  |  |  |  |
|                                                                      | 4 4                           | 4 4                               |  |  |  |  |  |
| (c) Total Transfers (add 18(a) and 18(b))                            | 0.00                          | 0.00                              |  |  |  |  |  |
| Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 37000.00                      | 43000.00                          |  |  |  |  |  |
| Total Federal Receipts (subtract Line 18(c) from Line 19)▶           | 37000.00                      | 43000.00                          |  |  |  |  |  |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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| II. Disbursements                                                                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|--|--|
| Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)              |                               | Caronaa Tour to Date              |  |  |
| (i) Federal Share                                                                                          | 0.00                          | 0.00                              |  |  |
| (ii) Non-Federal Share                                                                                     | 0.00                          | 0.00                              |  |  |
| (b) Other Federal Operating                                                                                |                               |                                   |  |  |
| Expenditures                                                                                               | 5905.17                       | 9053.19                           |  |  |
| (add 21(a)(i), (a)(ii), and (b))▶                                                                          | 5905.17                       | 9053.19                           |  |  |
| Transfers to Affiliated/Other Party Committees                                                             | 0.00                          | 0.00                              |  |  |
| Contributions to Federal Candidates/Committees                                                             |                               | 8000.00                           |  |  |
| and Other Political Committees Independent Expenditures                                                    | 6000.00                       | 0000.00                           |  |  |
| (use Schedule E) Coordinated Party Expenditures                                                            | 0.00                          | 0.00                              |  |  |
| (52 U.S.C. § 30116(d))<br>(use Schedule F)                                                                 | 0.00                          | 0.00                              |  |  |
| Loan Repayments Made                                                                                       | 0.00                          | 0.00                              |  |  |
| Loans Made Refunds of Contributions To:                                                                    | 0.00                          | 0.00                              |  |  |
| (a) Individuals/Persons Other Than Political Committees                                                    | 0.00                          | 0.00                              |  |  |
| (b) Political Party Committees                                                                             | 0.00                          | 0.00                              |  |  |
| (c) Other Political Committees                                                                             | 3.00                          | 45 45 45                          |  |  |
| (such as PACs)(d) Total Contribution Refunds                                                               | 0.00                          | 0.00                              |  |  |
| (add Lines 28(a), (b), and (c))                                                                            | 0.00                          | 0.00                              |  |  |
| Other Disbursements (Including                                                                             |                               |                                   |  |  |
| Non-Federal Donations)                                                                                     | 0.00                          | 0.00                              |  |  |
| Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6) |                               |                                   |  |  |
| (i) Federal Share                                                                                          | 0.00                          | 0.00                              |  |  |
| (ii) "Levin" Share(b) Federal Election Activity Paid                                                       | 0.00                          | 0.00                              |  |  |
| Entirely With Federal Funds                                                                                | 0.00                          | 0.00                              |  |  |
| Lines 30(a)(i), 30(a)(ii) and 30(b))                                                                       | 0.00                          | 0.00                              |  |  |
| Total Disbursements (add Lines 21(c), 22,                                                                  |                               |                                   |  |  |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                                                                   | 11905.17                      | 17053.19                          |  |  |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)                                    |                               |                                   |  |  |
| from Line 31)                                                                                              | 11905.17                      | 17053.19                          |  |  |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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| III. Net Contributions/<br>Operating Expenditures                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |  |
|------------------------------------------------------------------------------|-------------------------------|-----------------------------------|--|--|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3)         | 37000.00                      | 43000.00                          |  |  |
| 34. Total Contribution Refunds (from Line 28(d))                             | 0.00                          | 0.00                              |  |  |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 37000.00                      | 43000.00                          |  |  |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 5905.17                       | 9053.19                           |  |  |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |  |  |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)               | 5905.17                       | 9053.19                           |  |  |

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| SCHEDULE A (FEC Form 3X) |                                                                                                   |                                                            | FOR LINE NUMBER: PAGE 6 OF 16         |                                        |  |  |  |
|--------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------|----------------------------------------|--|--|--|
|                          | ,                                                                                                 |                                                            | Use separate schedule(s)              | (check only one)                       |  |  |  |
| Ш                        | EMIZED RECEIPTS                                                                                   | ED RECEIPTS for each category of the Detailed Summary Page |                                       |                                        |  |  |  |
|                          |                                                                                                   |                                                            | Detailed Summary Page                 | 11a 11b <b>X</b> 11c 12 13 14 15 16 17 |  |  |  |
|                          | ly information copied from such Reports and St<br>for commercial purposes, other than using the   |                                                            |                                       |                                        |  |  |  |
|                          | NAME OF COMMITTEE (In Full)                                                                       |                                                            |                                       |                                        |  |  |  |
| $ \rangle$               | MASS PAC                                                                                          |                                                            |                                       |                                        |  |  |  |
| Α.                       | Full Name of Individual (Last, First, Middle Initi<br>INTERNATIONAL BROTHERHOOD OF ELECTRICAL WOL | Date of Receipt                                            |                                       |                                        |  |  |  |
|                          | Mailing Address 900 Seventh St. N.W.                                                              | 08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |                                       |                                        |  |  |  |
|                          | City                                                                                              | State                                                      | Zip Code                              | Transaction ID : SA11C.5271            |  |  |  |
|                          | Washington                                                                                        | DC                                                         | 20001                                 | Amount of Each Receipt this Period     |  |  |  |
|                          | FEC ID number of contributing federal political committee.                                        | C co                                                       | 0027342                               | 5000.00                                |  |  |  |
|                          | Name of Employer (for Individual)                                                                 | Occ                                                        | upation (for Individual)              | Memo Item                              |  |  |  |
|                          | Receipt For:                                                                                      | Aggragata                                                  | Vacr to Data W                        | Contribution                           |  |  |  |
|                          | Primary General                                                                                   | Aggregate                                                  | Year-to-Date ▼                        |                                        |  |  |  |
|                          | Other (specify) ▼                                                                                 |                                                            | 5000.00                               |                                        |  |  |  |
| —<br>В.                  | Full Name of Individual (Last, First, Middle Initi MASSACHUSETTS MUTUAL LIFE INSURANCE            |                                                            |                                       | Date of Receipt                        |  |  |  |
|                          | Mailing Address 1295 State Street                                                                 | 07 12 2016                                                 |                                       |                                        |  |  |  |
|                          | City                                                                                              | State                                                      | Zip Code                              | Transaction ID : SA11C.5272            |  |  |  |
|                          | Springfield                                                                                       | MA                                                         | 01111                                 | Amount of Each Receipt this Period     |  |  |  |
|                          | FEC ID number of contributing federal political committee.                                        | C cod                                                      | 0118943                               | 2500.00                                |  |  |  |
|                          | Name of Employer (for Individual)                                                                 | Occ                                                        | upation (for Individual)              | Memo Item                              |  |  |  |
|                          | Receipt For:                                                                                      |                                                            |                                       | contribution                           |  |  |  |
|                          | Primary General                                                                                   | Aggregate                                                  | Year-to-Date ▼                        |                                        |  |  |  |
|                          | Other (specify) ▼                                                                                 |                                                            | 2500.00                               |                                        |  |  |  |
| —<br>С.                  | Full Name of Individual (Last, First, Middle Initi METLIFE INC. EMPLOYEES' POL                    |                                                            |                                       | A Date of Receipt                      |  |  |  |
| ٥.                       | Mailing Address 1095 AVENUE OF THE AMER                                                           |                                                            | , , , , , , , , , , , , , , , , , , , | 09 30 2016                             |  |  |  |
|                          | City                                                                                              | State                                                      | Zip Code                              | Transaction ID : SA11C.5255            |  |  |  |
|                          | NEW YORK                                                                                          | NY                                                         | 10036                                 | Amount of Each Receipt this Period     |  |  |  |
|                          | FEC ID number of contributing federal political committee.                                        | C co                                                       | 0040923                               | 2000.00                                |  |  |  |
|                          | Name of Employer (for Individual)                                                                 | Occ                                                        | upation (for Individual)              | Memo Item                              |  |  |  |
|                          | Receipt For: Primary General                                                                      | Aggregate                                                  | Year-to-Date ▼                        |                                        |  |  |  |
|                          | Other (specify)                                                                                   |                                                            | 2000.00                               |                                        |  |  |  |
| s                        | UBTOTAL of Receipts This Page (optional)                                                          |                                                            | ·····                                 | 9500.00                                |  |  |  |

TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF 16 Use separate schedule(s) (check only one) for each category of the **X** 11c 11b 11a 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MASS PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC) Date of Receipt Mailing Address 1325 Massachusetts Ave. NW 19 2016 City Zip Code State Transaction ID: SA11C.5261 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C00238725 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC) Date of Receipt Mailing Address 1325 Massachusetts Ave. NW 09 19 2016 City Zip Code State Transaction ID: SA11C.5262 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C00238725 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 6000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NATIONAL APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 4300 WILSON BLVD 09 23 2016 SUITE 400 City Zip Code State Transaction ID: SA11C.5259 **ARLINGTON** VA 22203 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00113241 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 10000.00 SUBTOTAL of Receipts This Page (optional).....

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| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS |                                                                                                                                       |                 | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 OF 16 (check only one)  11a 11b         |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|
|                                           | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na                                   |                 |                                                                         | person for the purpose of soliciting contributions              |
| $\rangle$                                 | NAME OF COMMITTEE (In Full) MASS PAC                                                                                                  |                 |                                                                         |                                                                 |
| ١.                                        | Full Name of Individual (Last, First, Middle Initial NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT Mailing Address 1875   STREET, NW | Date of Receipt |                                                                         |                                                                 |
|                                           | SUITE 600                                                                                                                             | 09 08 2016      |                                                                         |                                                                 |
|                                           | City                                                                                                                                  | State           | Zip Code                                                                | Transaction ID : SA11C.5264                                     |
|                                           | WASHINGTON                                                                                                                            | DC              | 20006                                                                   | Amount of Each Receipt this Period                              |
|                                           | FEC ID number of contributing federal political committee.                                                                            | C cod           | 0303339                                                                 | 5000.00                                                         |
|                                           | Name of Employer (for Individual)                                                                                                     | Оссі            | upation (for Individual)                                                | Memo Item contribution                                          |
|                                           | Receipt For:  Primary General  Other (specify) ▼                                                                                      | Aggregate       | Year-to-Date ▼ 5000.00                                                  | ]                                                               |
| 3.                                        | Full Name of Individual (Last, First, Middle Initial NATIONAL MULTIFAMILY HOUSING COUNC                                               |                 |                                                                         | Date of Receipt                                                 |
|                                           | Mailing Address 1850 M STREET, NW<br>SUITE 540                                                                                        | 08 09 2016      |                                                                         |                                                                 |
|                                           | City<br>WASHINGTON                                                                                                                    | State<br>DC     | Zip Code<br>20036                                                       | Transaction ID : SA11C.5269  Amount of Each Receipt this Period |
|                                           | FEC ID number of contributing federal political committee.                                                                            | C coo           | 0130773                                                                 | 2500.00                                                         |
|                                           | Name of Employer (for Individual)                                                                                                     | Occ             | upation (for Individual)                                                | Memo Item contribution                                          |
|                                           | Receipt For:  Primary General  Other (specify) ▼                                                                                      | Aggregate       | Year-to-Date ▼ 2500.00                                                  |                                                                 |
| ).                                        | Full Name of Individual (Last, First, Middle Initial NATIONAL MULTIFAMILY HOUSING COU                                                 |                 |                                                                         | Date of Receipt                                                 |
|                                           | Mailing Address 1850 M STREET, NW SUITE 540                                                                                           | L               |                                                                         | 09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
|                                           | City<br>WASHINGTON                                                                                                                    | State<br>DC     | Zip Code<br>20036                                                       | Transaction ID : SA11C.5258  Amount of Each Receipt this Period |
|                                           | FEC ID number of contributing federal political committee.                                                                            | C cod           | 0130773                                                                 | 2500.00                                                         |
|                                           | Name of Employer (for Individual)                                                                                                     | Оссі            | upation (for Individual)                                                | Memo Item contribution                                          |
|                                           | Receipt For: Primary General Other (specify)                                                                                          | Aggregate       | Year-to-Date ▼ 5000.00                                                  |                                                                 |
| s                                         | UBTOTAL of Receipts This Page (optional)                                                                                              |                 |                                                                         | 10000.00                                                        |

TOTAL This Period (last page this line number only).....

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| SCHEDULE A (FEC Form 3X)                                                                                                                                                                                                                                                                        |                            |                                                                           | FOR LINE NUMBER: PAGE 9 OF 16                                                                                                        |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| TEMIZED RECEIPTS                                                                                                                                                                                                                                                                                |                            | Use separate schedule(s) for each category of the                         | (check only one)                                                                                                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                 |                            | Detailed Summary Page                                                     | 11a 11b <b>X</b> 11c 12 13 14 15 16 17                                                                                               |  |  |  |
| Any information copied from such Reports and State or for commercial purposes, other than using the                                                                                                                                                                                             |                            |                                                                           | erson for the purpose of soliciting contributions                                                                                    |  |  |  |
| NAME OF COMMITTEE (In Full) MASS PAC                                                                                                                                                                                                                                                            |                            |                                                                           |                                                                                                                                      |  |  |  |
| Full Name of Individual (Last, First, Middle Initial PROPERTY CASUALTY INSURERS ASSOCIATION OF AN Mailing Address 8700 WEST BRYN MAWR SUITE 1200S  City CHICAGO  FEC ID number of contributing federal political committee.                                                                     | State                      |                                                                           | Date of Receipt  08 16 2016  Transaction ID : SA11C.5266  Amount of Each Receipt this Period  2500.00                                |  |  |  |
| Name of Employer (for Individual)  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼                                                                                                                                                                                                        |                            | year-to-Date ▼  2500.00                                                   | Memo Item contribution                                                                                                               |  |  |  |
| Full Name of Individual (Last, First, Middle Initia SHEET METAL WORKERS' INTERNATIONAL A Mailing Address 1750 New York Avenue NW  City Washington  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify) | State DC Coc Occ Aggregate | Zip Code 20006  2007542  upation (for Individual)  Year-to-Date   5000.00 | Date of Receipt  M M M / D D / 2016  Transaction ID: SA11C.5263  Amount of Each Receipt this Period  5000.00  Memo Item contribution |  |  |  |
| Full Name of Individual (Last, First, Middle Initial Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)                                                                        | State                      | Zip Code  Upation (for Individual)  Year-to-Date ▼                        | Date of Receipt  M M / D D / Y Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item                                              |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                       |                            |                                                                           | 7500.00                                                                                                                              |  |  |  |

TOTAL This Period (last page this line number only).....

37000.00

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS                                                             | Use separate s                                                                          |              | FOR LINE N        |             |                                                     |  |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------|-------------------|-------------|-----------------------------------------------------|--|
|                                                                                                             | for each categ<br>Detailed Sumn                                                         |              | <b>X</b> 21b 28a  | 22<br>28b   | 23 26 27<br>28c 29 30b                              |  |
| Any information copied from such Reports and Staten<br>or for commercial purposes, other than using the nam |                                                                                         |              |                   |             |                                                     |  |
| NAME OF COMMITTEE (In Full)  MASS PAC                                                                       |                                                                                         | , poou       |                   | 30          |                                                     |  |
| Full Name (Last, First, Middle Initial)  A. 247 Cambridge Street Trust                                      |                                                                                         |              |                   |             |                                                     |  |
| Mailing Address PO Box 380                                                                                  |                                                                                         |              |                   | 08          | 03 / 2016                                           |  |
| City Belmont Purpose of Disbursement                                                                        |                                                                                         | Code<br>478  |                   |             | ication Number                                      |  |
| Rent/Utilities  Candidate Name                                                                              |                                                                                         | [            | 001<br>Category/  |             | ction ID : SB21B.5283 Each Disbursement this Period |  |
| Office Sought:    House   Disbursen                                                                         | ment For: Primary Other (specify)                                                       | General      | Туре              | Memo        | 350.00                                              |  |
| Full Name (Last, First, Middle Initial)  B. 247 Cambridge Street Trust  Mailing Address PO Box 380          |                                                                                         |              |                   | Date of Dis | sbursement 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |  |
| City Belmont Purpose of Disbursement Rent/Utilities                                                         | '                                                                                       | Code<br>478  | 001               | С           | ication Number                                      |  |
| Senate President                                                                                            | Candidate Name  Category/ Type  Office Sought: Disbursement For: Senate Primary General |              |                   |             |                                                     |  |
| State: District:  Full Name (Last, First, Middle Initial)  C. 247 Cambridge Street Trust                    |                                                                                         | Date of Dis  | sbursement        |             |                                                     |  |
| Mailing Address PO Box 380                                                                                  |                                                                                         |              |                   | 09          | 27 2016                                             |  |
| City  Belmont  Purpose of Disbursement  Rent/Utilities                                                      | State Zip Code<br>MA 02478                                                              |              | 001               | С           | ication Number                                      |  |
| Candidate Name                                                                                              |                                                                                         |              | Category/<br>Type |             | Each Disbursement this Period                       |  |
| Office Sought:  House Senate President State:  Disbursen                                                    | nent For: Primary Other (specify)                                                       | General<br>▼ |                   | Memo        | 350.00<br>Item                                      |  |
| SUBTOTAL of Disbursements This Page (optional)                                                              |                                                                                         |              | ··············    |             | 1050.00                                             |  |
| TOTAL This Period (last page this line number only)                                                         |                                                                                         |              |                   |             |                                                     |  |

| SCHEDULE B (FEC Form 3X)                             |                                |                                    |                   | FOR LINE NUMBER: PAGE 11 OF 16          |                                            |  |  |  |
|------------------------------------------------------|--------------------------------|------------------------------------|-------------------|-----------------------------------------|--------------------------------------------|--|--|--|
| ITEMIZED DISBURSEMENTS                               |                                | parate schedule(s) category of the | (check onl        |                                         |                                            |  |  |  |
|                                                      |                                | Summary Page                       | <b>X</b> 21b 28a  | 22 23<br>28b 28c                        | 26 27<br>29 30b                            |  |  |  |
| Any information copied from such Reports and State   |                                |                                    |                   |                                         |                                            |  |  |  |
| or for commercial purposes, other than using the nar |                                |                                    |                   |                                         |                                            |  |  |  |
| NAME OF COMMITTEE (In Full)                          |                                |                                    |                   |                                         |                                            |  |  |  |
| MASS PAC                                             |                                |                                    |                   |                                         |                                            |  |  |  |
| Full Name (Last, First, Middle Initial)              |                                |                                    |                   | Data of Dialous                         |                                            |  |  |  |
| A. Embassy Suites                                    | Date of Disburse               | D / Y Y Y Y Y                      |                   |                                         |                                            |  |  |  |
| Mailing Address 86 Congress St                       | Mailing Address 86 Congress St |                                    |                   |                                         |                                            |  |  |  |
| ,                                                    | State                          | Zip Code                           |                   | FEC Identification                      | n Number                                   |  |  |  |
| Saratoga Springs Purpose of Disbursement             | NY                             | 12866                              |                   |                                         |                                            |  |  |  |
| MASS PAC meal charged to credit card                 |                                |                                    | 001               | C                                       |                                            |  |  |  |
| Candidate Name                                       |                                |                                    |                   |                                         | ID: SB21B.5279 Disbursement this Period    |  |  |  |
|                                                      |                                |                                    | Category/<br>Type | Amount of Each                          | Disbursement this Period                   |  |  |  |
| Office Sought: House Disburse                        | ment For:                      | L                                  | 7.                | 1                                       | 16.91                                      |  |  |  |
| Senate                                               | Primary                        | General                            |                   | ,                                       | ,                                          |  |  |  |
| State: District:                                     | Other (spe                     | ecify) 🔻                           |                   | ✗ Memo Item                             |                                            |  |  |  |
| Full Name (Last, First, Middle Initial)              |                                |                                    |                   | _                                       |                                            |  |  |  |
| B. Erickson & Company                                | Date of Disburse               | ment                               |                   |                                         |                                            |  |  |  |
| - Elicksoff & Company                                | M M / D                        |                                    |                   |                                         |                                            |  |  |  |
| Mailing Address 38 lvy St., SE                       | Mailing Address 38 Ivy St., SE |                                    |                   |                                         |                                            |  |  |  |
| City                                                 |                                | FEC Identification Number          |                   |                                         |                                            |  |  |  |
| Washington Purpose of Disbursement                   |                                |                                    |                   |                                         |                                            |  |  |  |
| fundraising/consulting exp for MASS PAC              | C                              |                                    |                   |                                         |                                            |  |  |  |
| Candidate Name                                       |                                |                                    | Category/<br>Type |                                         | ID: SB21B.5296<br>Disbursement this Period |  |  |  |
| Office Sought: House Disburse                        | ment For:                      | I                                  |                   | 1                                       | 1500.00                                    |  |  |  |
| Senate                                               | Primary                        | General                            |                   |                                         |                                            |  |  |  |
| President State: District:                           | Other (spe                     | ecify)                             |                   | Memo Item                               |                                            |  |  |  |
| Full Name (Last, First, Middle Initial)              |                                |                                    |                   |                                         |                                            |  |  |  |
| C. EXXON/MOBILE                                      | Date of Disburse               |                                    |                   |                                         |                                            |  |  |  |
| Mailing Address 116 Broadway                         |                                |                                    |                   | 08 16                                   | 2016                                       |  |  |  |
| City                                                 | State                          | Zip Code                           |                   | FEC Identification                      | n Number                                   |  |  |  |
| Menlands                                             | NY                             | 12204                              |                   | 1 1 1 1                                 |                                            |  |  |  |
| fuel charges for MASS PAC                            | 001                            |                                    |                   |                                         |                                            |  |  |  |
| Candidate Name                                       | Candidate Name Category/       |                                    |                   |                                         |                                            |  |  |  |
| Office Sought: House Disburse                        | ment For:                      |                                    | .7                | 11::::::::::::::::::::::::::::::::::::: | 24.00                                      |  |  |  |
| Senate                                               | Primary                        | General                            |                   |                                         | 4-1-1-4-1-1                                |  |  |  |
| President                                            | Other (spe                     | ecify) 🔻                           |                   | X Memo Item                             |                                            |  |  |  |
| State: District:                                     |                                |                                    |                   | Ц                                       |                                            |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)       |                                |                                    | ·····•            | 4                                       | 1500.00                                    |  |  |  |
| TOTAL This Period (last page this line number only   | ۸                              |                                    |                   |                                         |                                            |  |  |  |

| SCHEDULE B (FEC Form 3X)                                         |                                |                                         | FOR LINE NUMBER: PAGE 12 OF 16 |                                                                  |                                                     |  |  |  |
|------------------------------------------------------------------|--------------------------------|-----------------------------------------|--------------------------------|------------------------------------------------------------------|-----------------------------------------------------|--|--|--|
| ITEMIZED DISBURSEMENTS                                           |                                | parate schedule(s)<br>h category of the | T (OILCON OILL)                |                                                                  |                                                     |  |  |  |
|                                                                  |                                | d Summary Page                          | <b>X</b> 21b 28a               | 22<br>28b                                                        | 23 26 27<br>28c 29 30b                              |  |  |  |
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| or for commercial purposes, other than using the                 |                                |                                         |                                |                                                                  |                                                     |  |  |  |
| NAME OF COMMITTEE (In Full)                                      |                                |                                         |                                |                                                                  |                                                     |  |  |  |
| MASS PAC                                                         |                                |                                         |                                |                                                                  |                                                     |  |  |  |
| Full Name (Last, First, Middle Initial)                          |                                |                                         |                                |                                                                  |                                                     |  |  |  |
| A. JetBlue Card Services                                         | Date of Dis                    | sbursement                              |                                |                                                                  |                                                     |  |  |  |
| Mailing Address P.O. Box 13337                                   | Mailing Address P.O. Box 13337 |                                         |                                |                                                                  |                                                     |  |  |  |
| City                                                             | State<br>PA                    | Zip Code                                |                                | FEC Identif                                                      | ication Number                                      |  |  |  |
| Philadelphia Purpose of Disbursement                             | rA                             | 19101-3337                              |                                |                                                                  |                                                     |  |  |  |
| MASS PAC expenses charged to credit card                         |                                |                                         | 001                            | C                                                                | ation ID - CDC4D 5070                               |  |  |  |
| Candidate Name                                                   |                                |                                         | Category/                      |                                                                  | ction ID : SB21B.5273 Each Disbursement this Period |  |  |  |
| Office Coughts   Haves                                           |                                |                                         | Type                           |                                                                  | 717.53                                              |  |  |  |
| Office Sought: House Disbu                                       | rsement For: Primary           | General                                 |                                |                                                                  | 111.55                                              |  |  |  |
| President                                                        | Other (sp                      |                                         |                                | Memo                                                             | Item                                                |  |  |  |
| State: District:                                                 |                                |                                         |                                | L WOM                                                            |                                                     |  |  |  |
| Full Name (Last, First, Middle Initial)                          | 5. (5.)                        |                                         |                                |                                                                  |                                                     |  |  |  |
| B. JetBlue Card Services                                         |                                |                                         |                                |                                                                  | Date of Disbursement                                |  |  |  |
| Mailing Address P.O. Box 13337                                   | Mailing Address P.O. Box 13337 |                                         |                                |                                                                  |                                                     |  |  |  |
| City                                                             | State                          | Zip Code                                |                                | FEC Identif                                                      | ication Number                                      |  |  |  |
| Philadelphia Purpose of Disbursement                             | PA                             | 19101-3337                              |                                |                                                                  |                                                     |  |  |  |
| credit card finance charges for MASS PAC                         |                                |                                         | 001                            | C                                                                | ation ID - CD04D 5075                               |  |  |  |
| Candidate Name                                                   |                                |                                         | Category/                      | Transaction ID : SB21B.5275  Amount of Each Disbursement this Pe |                                                     |  |  |  |
| Office Sought: House Disbu                                       | roomont Fam                    |                                         | Туре                           | 17.64                                                            |                                                     |  |  |  |
| Office Sought: House Disbu                                       | Primary                        | General                                 |                                |                                                                  | 17.04                                               |  |  |  |
| President                                                        | Other (sp                      |                                         |                                | Mome                                                             | Itom                                                |  |  |  |
| State: District:                                                 |                                |                                         |                                | Memo                                                             | IIGIII                                              |  |  |  |
| Full Name (Last, First, Middle Initial)                          |                                |                                         |                                | Date of Dis                                                      | shurnoment                                          |  |  |  |
| JetBlue Card Services                                            | JetBlue Card Services          |                                         |                                |                                                                  |                                                     |  |  |  |
| Mailing Address P.O. Box 13337                                   |                                |                                         |                                | 08                                                               | 16 2016                                             |  |  |  |
| City                                                             | State                          | Zip Code                                |                                | FFC Identif                                                      | ication Number                                      |  |  |  |
| Philadelphia                                                     | PA                             | 19101-3337                              |                                |                                                                  | Salon Hambol                                        |  |  |  |
| Purpose of Disbursement MASS PAC expenses charged to credit card |                                |                                         | 001 C Transaction ID :         |                                                                  | action ID : SB21B.5276                              |  |  |  |
| Candidate Name                                                   | Candidate Name Category Type   |                                         |                                |                                                                  |                                                     |  |  |  |
| Office Sought: House Disbu                                       | rsement For:                   |                                         | .,,,,                          |                                                                  | 40.91                                               |  |  |  |
| Senate                                                           | Primary                        | General                                 |                                |                                                                  | 7 7                                                 |  |  |  |
| President                                                        | Other (sp                      | pecify) $\blacktriangledown$            |                                | Memo                                                             | Item                                                |  |  |  |
| State: District:                                                 |                                |                                         |                                |                                                                  |                                                     |  |  |  |
| SUBTOTAL of Disbursements This Page (optional                    | al)                            |                                         |                                |                                                                  | 776.08                                              |  |  |  |
| (0)                                                              | ,                              |                                         |                                |                                                                  | 7 7 7                                               |  |  |  |
| TOTAL This Period (last page this line number of                 | nlv)                           |                                         |                                |                                                                  |                                                     |  |  |  |

## 17

| SCF    | HEDULE B (FEC Form 3X)                                             | llac              | NE NUM                                            | E NUMBER: PAGE 13 C |                               |                                                                     |                           |       | F 16     |            |       |
|--------|--------------------------------------------------------------------|-------------------|---------------------------------------------------|---------------------|-------------------------------|---------------------------------------------------------------------|---------------------------|-------|----------|------------|-------|
| ITE    | ITEMIZED DISBURSEMENTS                                             |                   | Use separate schedule(s) for each category of the |                     | (check only one)  x 21b 22 23 |                                                                     |                           |       | ne 「     | 7 07       |       |
|        |                                                                    |                   | Summary Page                                      |                     |                               | 22<br>28b                                                           | 23<br>28c                 |       | 26<br>29 | 27<br>30b  |       |
| Δην. : | information copied from such Reports and Stater                    | nente may r       | not be sold or us                                 |                     |                               |                                                                     |                           |       |          |            | one   |
|        | r commercial purposes, other than using the nan                    |                   |                                                   |                     |                               |                                                                     |                           |       |          |            |       |
| \ N/   | AME OF COMMITTEE (In Full)                                         |                   |                                                   |                     |                               |                                                                     |                           |       |          |            |       |
| > N    | MASS PAC                                                           |                   |                                                   |                     |                               |                                                                     |                           |       |          |            |       |
|        | Full Name (Last, First, Middle Initial)                            |                   |                                                   |                     |                               | B                                                                   |                           |       |          |            |       |
| A. J   | JetBlue Card Services                                              |                   |                                                   |                     |                               | Date of Disbursement                                                |                           |       |          |            |       |
| Ma     | Mailing Address P.O. Box 13337                                     |                   |                                                   |                     |                               | 09 26 2016                                                          |                           |       |          |            |       |
| Ci     | ity                                                                | State Zip Code    |                                                   |                     |                               |                                                                     | FEC Identification Number |       |          |            |       |
|        | hiladelphia                                                        | PA                | 19101-3337                                        |                     |                               | -                                                                   | iiiioalioi                | vuil  | .501     | -          |       |
|        | urpose of Disbursement MASS PAC expenses charged to credit card    |                   |                                                   |                     |                               | C                                                                   |                           |       |          |            |       |
|        | andidate Name                                                      |                   |                                                   | Ootogon/            |                               |                                                                     | saction                   |       |          |            | ariad |
|        |                                                                    |                   |                                                   | Category/<br>Type   | An                            | iourit C                                                            | ı ⊏acn                    | טמצוע | ıı seme  | nt this Po | enoa  |
| Of     | ffice Sought: House Disburser                                      |                   |                                                   |                     |                               |                                                                     |                           |       | an -     | 245.65     | 5     |
|        | Senate                                                             | Primary           | General                                           |                     |                               |                                                                     | ,                         |       | ,        |            |       |
| ۰.     | President District:                                                | Other (spec       | Other (specify) ▼                                 |                     |                               |                                                                     | o Item                    |       |          |            |       |
|        | tate: District:  ull Name (Last, First, Middle Initial)            |                   |                                                   |                     | +=                            |                                                                     |                           |       |          |            |       |
|        | National Association of Broadcasters                               |                   |                                                   |                     |                               | Date of Disbursement                                                |                           |       |          |            |       |
| - 1    |                                                                    |                   |                                                   |                     |                               | M M / D D / Y Y Y                                                   |                           |       |          |            |       |
| Ma     | Mailing Address 1771 N Street NW                                   |                   |                                                   |                     |                               | 08 18 2016                                                          |                           |       |          |            |       |
|        |                                                                    | State             | Zip Code                                          |                     | FE                            | C Ider                                                              | ntification               | n Num | nber     |            |       |
|        | /ashington urpose of Disbursement                                  | DC                | 20036                                             |                     |                               |                                                                     |                           |       |          |            |       |
|        | MASS PAC Fundraising event                                         |                   |                                                   | 003                 | $1 \mid \Gamma$               | C                                                                   |                           |       |          |            |       |
| Ca     | andidate Name                                                      | Category/<br>Type |                                                   |                     | An                            | Transaction ID: SB21B.5294 Amount of Each Disbursement this F       |                           |       |          |            | eriod |
| Of     | ffice Sought: House Disburser                                      | ment For:         |                                                   |                     |                               |                                                                     |                           |       | a= -     | 2333.44    |       |
|        | Senate                                                             | Primary           |                                                   |                     |                               |                                                                     | ,                         |       | ,        |            |       |
| C+     | President Late: District:                                          | Other (spec       | сіту)                                             |                     |                               | Mem                                                                 | o Item                    |       |          |            |       |
|        | ull Name (Last, First, Middle Initial)                             |                   |                                                   |                     | +                             |                                                                     |                           |       |          |            |       |
| _      |                                                                    |                   |                                                   |                     |                               | Date of Disbursement                                                |                           |       |          |            |       |
| Ma     | Mailing Address 30 lvy St., SE                                     |                   |                                                   |                     |                               | 07 12 7 2016                                                        |                           |       |          |            |       |
| Ci     |                                                                    | State             | Zip Code                                          |                     | FF                            | C Iden                                                              | ntification               | Num   | nber     |            |       |
|        | Washington DC 20003 Purpose of Disbursement                        |                   |                                                   |                     |                               | FEC Identification Number                                           |                           |       |          |            |       |
|        | Purpose of Disbursement MASS PAC meals charged to credit card  001 |                   |                                                   |                     |                               | Transaction ID : SB21B.5274 Amount of Each Disbursement this Period |                           |       |          |            |       |
|        | Candidate Name  Category/ Type                                     |                   |                                                   |                     |                               |                                                                     |                           |       |          |            | eriod |
| Of     | Office Sought: House Disbursement For:                             |                   |                                                   |                     |                               |                                                                     |                           |       |          | 717.53     | 3     |
|        | Senate                                                             | Primary General   |                                                   |                     |                               | 7 7                                                                 |                           |       |          |            | _     |
|        | President                                                          | Other (spec       | cify) ▼                                           |                     | X                             | Mem                                                                 | o Item                    |       |          |            |       |
| St     | tate: District:                                                    |                   |                                                   | La Monte Rom        |                               |                                                                     |                           |       |          |            |       |
| SUE    | <b>3TOTAL</b> of Disbursements This Page (optional)                |                   |                                                   |                     |                               |                                                                     |                           |       | 7        | 2579.09    | 9     |
| TOT    | FAL This Period (last page this line number only)                  |                   |                                                   |                     |                               |                                                                     |                           |       |          |            |       |
| 1 101  | ine inio renou (iasi page tilis ille number only)                  |                   |                                                   |                     |                               |                                                                     | 4                         |       | 4.0      | 100        |       |

| SCHEDULE B (FEC Form 3X)                             |                                                                    |                           | FOR LINE NUMBER: PAGE 14 OF 16           |                                                                     |                           |        |                      |    |  |  |  |
|------------------------------------------------------|--------------------------------------------------------------------|---------------------------|------------------------------------------|---------------------------------------------------------------------|---------------------------|--------|----------------------|----|--|--|--|
| ITEMIZED DISBURSEMENTS                               | Use separate schedule(s) for each category of the                  |                           | (check or                                |                                                                     |                           |        |                      |    |  |  |  |
|                                                      |                                                                    | Detailed Summary Page     |                                          | 22<br>28b                                                           | 23<br>28c                 | 26     | 27<br>30b            |    |  |  |  |
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| or for commercial purposes, other than using the nar |                                                                    |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| NAME OF COMMITTEE (In Full)                          |                                                                    |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| $ \; angle$ MASS PAC                                 |                                                                    |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| Full Name (Last, First, Middle Initial)              |                                                                    |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| A. National Democratic Club                          | Date of                                                            | Date of Disbursement      |                                          |                                                                     |                           |        |                      |    |  |  |  |
|                                                      | M M M                                                              |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| Mailing Address 30 lvy St., SE                       | 09                                                                 | 26                        |                                          | 2016                                                                | 4                         |        |                      |    |  |  |  |
| City                                                 |                                                                    | FEC Identification Number |                                          |                                                                     |                           |        |                      |    |  |  |  |
| Washington                                           | DC                                                                 | 20003                     |                                          |                                                                     |                           |        |                      |    |  |  |  |
| MASS PAC meals charged to credit card                | Purpose of Disbursement MASS PAC meals charged to credit card  001 |                           |                                          |                                                                     |                           | C      |                      |    |  |  |  |
| Candidate Name                                       |                                                                    |                           | Category/                                | Transaction ID : SB21B.5282 Amount of Each Disbursement this Period |                           |        |                      |    |  |  |  |
|                                                      |                                                                    | Type                      | Amount of Lacir Disbursement this Fellou |                                                                     |                           |        |                      |    |  |  |  |
|                                                      | ment For:                                                          |                           |                                          | 245.65                                                              |                           |        |                      |    |  |  |  |
| Senate President                                     | Primary Other (spe                                                 | General                   |                                          |                                                                     |                           |        |                      |    |  |  |  |
| State: District:                                     | Other (spe                                                         | cony) 🔻                   |                                          | ✗ Memo Item                                                         |                           |        |                      |    |  |  |  |
| Full Name (Last, First, Middle Initial)              | Full Name (Last, First, Middle Initial)                            |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| В.                                                   |                                                                    |                           |                                          |                                                                     |                           |        | Date of Disbursement |    |  |  |  |
| Moiling Addross                                      |                                                                    |                           |                                          |                                                                     | M M / D D / Y Y Y Y       |        |                      |    |  |  |  |
| Mailing Address                                      |                                                                    |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| City                                                 | State                                                              | tate Zip Code             |                                          |                                                                     | ntification               | Number |                      |    |  |  |  |
| Purpose of Disbursement                              | C                                                                  |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| •                                                    | O                                                                  |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| Candidate Name                                       | Category/<br>Type                                                  |                           |                                          | Amount of Each Disbursement this Period                             |                           |        |                      |    |  |  |  |
| Office Sought: House Disburse                        | -                                                                  |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| Senate Senate                                        |                                                                    |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| President                                            | Other (specify)                                                    |                           |                                          | Mem                                                                 | no Item                   |        |                      |    |  |  |  |
| State: District:                                     |                                                                    |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| Full Name (Last, First, Middle Initial)  C.          | Date of Disbursement                                               |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| -                                                    | M M / D D / Y Y Y Y                                                |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| Mailing Address                                      |                                                                    |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| City                                                 | State                                                              | te Zip Code               |                                          |                                                                     | FFO Identification Number |        |                      |    |  |  |  |
| Disharana d                                          |                                                                    | FEC Identification Number |                                          |                                                                     |                           |        |                      |    |  |  |  |
| Purpose of Disbursement                              | C                                                                  |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| Candidate Name                                       | Amount of Each Disbursement this Period                            |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
|                                                      | . and an early property and a critical                             |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| Office Sought: House Disburse                        |                                                                    |                           | 7                                        | 7                                                                   |                           |        |                      |    |  |  |  |
| Senate President                                     |                                                                    |                           |                                          |                                                                     |                           |        |                      |    |  |  |  |
| State: District:                                     |                                                                    |                           |                                          |                                                                     | no Item                   |        |                      |    |  |  |  |
|                                                      |                                                                    |                           |                                          |                                                                     |                           |        |                      | 一  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)       |                                                                    |                           | ······•                                  |                                                                     |                           |        | 0.00                 | _  |  |  |  |
| TOTAL This Period (last page this line number only   | )                                                                  |                           |                                          |                                                                     |                           |        | 5905.17              |    |  |  |  |

| SCHEDULE B (FEC Form 3X)                                                                                 | Use separate schedule(s)                           | FOR LINE NUMBER: PAGE 15 OF 16 (check only one)          |                                                                                                   |  |  |  |  |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS                                                                                   | for each category of the<br>Detailed Summary Page  | 21b<br>28a                                               | 22 <b>x</b> 23 26 27 28b 28c 29 30b                                                               |  |  |  |  |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam |                                                    |                                                          |                                                                                                   |  |  |  |  |
| NAME OF COMMITTEE (In Full)  MASS PAC                                                                    |                                                    |                                                          |                                                                                                   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. CAROL SHEA-PORTER FOR CON                                    | NGRESS                                             |                                                          | Date of Disbursement                                                                              |  |  |  |  |
| Mailing Address PO BOX 453                                                                               |                                                    |                                                          | 08 11 2016                                                                                        |  |  |  |  |
| ROCHESTER                                                                                                | State Zip Code<br>NH 03866                         |                                                          | FEC Identification Number  C  Transaction ID : SB23.5290  Amount of Each Disbursement this Period |  |  |  |  |
| Purpose of Disbursement CONTRIBUTION Candidate Name                                                      |                                                    | 011<br>Category/                                         |                                                                                                   |  |  |  |  |
| Senate                                                                                                   | nent For: 2016  Primary General  Other (specify)   | Type                                                     | 2000.00 Memo Item                                                                                 |  |  |  |  |
| Full Name (Last, First, Middle Initial)  B. DONALD NORCROSS FOR CONC  Mailing Address PO BOX 160         | DONALD NORCROSS FOR CONGRESS                       |                                                          |                                                                                                   |  |  |  |  |
| •                                                                                                        | Zip Code UJ 08108  011 Category/                   |                                                          | FEC Identification Number  C  Transaction ID : SB23.5288  Amount of Each Disbursement this Period |  |  |  |  |
| Senate x                                                                                                 | nent For: 2016 Primary General Other (specify)     | Type                                                     | 1000.00<br>Memo Item                                                                              |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. EMILY CAIN FOR CONGRESS                                      | Date of Disbursement                               |                                                          |                                                                                                   |  |  |  |  |
| Mailing Address PO Box 1523                                                                              | 08 11 2016                                         |                                                          |                                                                                                   |  |  |  |  |
| City S BANGOR Purpose of Disbursement CONTRIBUTION                                                       | 011                                                | FEC Identification Number  C  Transaction ID : SB23.5286 |                                                                                                   |  |  |  |  |
| Candidate Name                                                                                           | Type                                               |                                                          |                                                                                                   |  |  |  |  |
| Senate x                                                                                                 | nent For: 2016 Primary ☐ General Other (specify) ▼ |                                                          | 2000.00 Memo Item                                                                                 |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)                                                           |                                                    | ·····                                                    | 5000.00                                                                                           |  |  |  |  |
| TOTAL This Period (last page this line number only).                                                     |                                                    |                                                          |                                                                                                   |  |  |  |  |

| SCHEDULE B (FEC Form 3X)                             | lla                                                      |                                 | FOR LINE NUMBER: PAGE 16 OF 16 |                                         |                                          |  |  |  |  |
|------------------------------------------------------|----------------------------------------------------------|---------------------------------|--------------------------------|-----------------------------------------|------------------------------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS                               |                                                          | rate schedule(s) ategory of the | (check on                      | · — · — -                               |                                          |  |  |  |  |
|                                                      |                                                          | Summary Page                    | 21b<br>28a                     |                                         | 26 27<br>29 30b                          |  |  |  |  |
| Any information copied from such Reports and Statem  |                                                          |                                 |                                |                                         |                                          |  |  |  |  |
| or for commercial purposes, other than using the nam | e and addre                                              | ess of any politica             | al committee t                 | o solicit contributions t               | from such committee.                     |  |  |  |  |
| NAME OF COMMITTEE (In Full) MASS PAC                 |                                                          |                                 |                                |                                         |                                          |  |  |  |  |
| Full Name (Last, First, Middle Initial)              | , , , , , , , , , , , , , , , , , , ,                    |                                 |                                |                                         |                                          |  |  |  |  |
| A. JOBS, OPPORTUNITIES AND ED                        | JOBS, OPPORTUNITIES AND EDUCATION PAC (JOE-PAC)          |                                 |                                |                                         |                                          |  |  |  |  |
| Mailing Address 700 13TH STREET, NW SUITE 600        |                                                          |                                 |                                | 08 11 2016                              |                                          |  |  |  |  |
| ,                                                    | tate<br>DC                                               | Zip Code<br>20005               |                                | FEC Identification                      | Number                                   |  |  |  |  |
| Purpose of Disbursement<br>CONTRIBUTION              | 200                                                      | С                               |                                |                                         |                                          |  |  |  |  |
| Candidate Name                                       | Category/<br>Type                                        |                                 |                                | Transaction II                          | D: SB23.5292<br>Disbursement this Period |  |  |  |  |
|                                                      |                                                          |                                 |                                | Amount of Each L                        |                                          |  |  |  |  |
|                                                      | nent For: 20<br>Primary                                  | 016<br>General                  |                                | 1000.00                                 |                                          |  |  |  |  |
|                                                      | Other (speci                                             |                                 |                                | Memo Item                               |                                          |  |  |  |  |
| State: District:                                     |                                                          |                                 |                                | The memoritani                          |                                          |  |  |  |  |
| Full Name (Last, First, Middle Initial) <b>B.</b>    | Full Name (Last, First, Middle Initial)                  |                                 |                                |                                         |                                          |  |  |  |  |
|                                                      | M = M / D = D / Y = Y = Y                                |                                 |                                |                                         |                                          |  |  |  |  |
| Mailing Address                                      |                                                          |                                 |                                |                                         |                                          |  |  |  |  |
| City                                                 | State Zip Code                                           |                                 |                                | FEC Identification                      | Number                                   |  |  |  |  |
| Purpose of Disbursement                              |                                                          |                                 |                                | C                                       |                                          |  |  |  |  |
| One Hidde Name                                       |                                                          |                                 |                                |                                         |                                          |  |  |  |  |
| Candidate Name                                       | Category/ Type nent For: Primary General Other (specify) |                                 |                                | Amount of Each Disbursement this Period |                                          |  |  |  |  |
| Office Sought: House Disbursem                       |                                                          |                                 |                                |                                         |                                          |  |  |  |  |
|                                                      |                                                          |                                 |                                |                                         |                                          |  |  |  |  |
| State: District:                                     | Curior (opoor                                            | ,                               |                                | Memo Item                               |                                          |  |  |  |  |
| Full Name (Last, First, Middle Initial)              | Data of Diahumaan                                        |                                 |                                |                                         |                                          |  |  |  |  |
| C.                                                   | Date of Disbursement                                     |                                 |                                |                                         |                                          |  |  |  |  |
| Mailing Address                                      |                                                          |                                 |                                |                                         |                                          |  |  |  |  |
| City                                                 | state                                                    | Zip Code                        |                                | FEC Identification                      | Number                                   |  |  |  |  |
| Purpose of Disbursement                              | C                                                        |                                 |                                |                                         |                                          |  |  |  |  |
|                                                      |                                                          |                                 |                                |                                         |                                          |  |  |  |  |
| Candidate Name                                       | Candidate Name Category/ Type                            |                                 |                                |                                         |                                          |  |  |  |  |
| Office Sought: House Disburser                       | Office Sought: House Disbursement For:                   |                                 |                                |                                         |                                          |  |  |  |  |
|                                                      | Primary<br>Other (speci                                  | General                         |                                |                                         | ,                                        |  |  |  |  |
| State: District:                                     | Other (specify) ▼                                        |                                 |                                | Memo Item                               |                                          |  |  |  |  |
|                                                      |                                                          |                                 |                                |                                         | 1000.00                                  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)       |                                                          |                                 | ······•                        |                                         | 1000.00                                  |  |  |  |  |
| TOTAL This Period (last page this line number only). |                                                          |                                 |                                |                                         | 6000.00                                  |  |  |  |  |